Date	Badge #	
	Photo #	

## **Idaho Emergency Operations Center**

4040 W Guard St, Bldg 600, Boise, ID 83705 208-422-3040

## **Reservist Information**

Personal Information				
Full Name:	Last		First	M.I.
Mailing Address:	Street Address			Apartment/Unit #
	City		State	ZIP Code
Home Phone:	( )	Work Phone:	( )	
Cell Phone:	( )	Alternate Phone:	( )	
E-mail Address	:			
Date of Birth:		Hair Colo	r:	
Weight:		Eye Colo	r:	
Height:				
	Emergency	y Contact Informatio	n	
Full Name:	est		First	M.I.
Address:				
	reet Address			Apartment/Unit #
Ci	ty		State	ZIP Code
Primary Phone:	( )	Alternate Phone:	_( )	
Relationship:				

Name:					
	Training Information				
	Required Basic Courses Check all that have been taken http://training.fema.gov/IS/crslist.asp				
	☐ IS-100.b Introduction to the Incident Command System				
	☐ IS-200.b ICS for Single Resources and Initial Action Incidents				
	☐ IS-700.a National Incident Management System, An Introduction				
☐ IS-	☐ IS-775 EOC Management				
□ IS-	300.b National Response Framework, An Introduction				
Other Relevant Courses Taken					

Name:		
	Position Information	

Choose 4 positions: rank the positions you are qualified for/interested in from 1-4.

Previous		
Position Held	Interest in	Position
		Operations Section Chief
		Damage Assessment Team Specialist
		Logistics Section Chief
		Request Unit Specialist
		Mission Unit Specialist
		EMAC A Team Specialist
		Resource Unit Specialist
		Warning Specialist
		Facilities Unit Specialist
		Plans Section Chief
		GIS Specialist
		Situation Unit Analyst
		Display Specialist
		Predictive Services
		Infrastructure Unit Specialist
		Message Unit Specialist / including BHS ACS
		Documentation Unit Specialist
		Recovery Unit Specialist
		Public Information Officer

Name:					
	Position Information				
	Explain your Knowledge, Skills and Abilities for the position(	s) you are requesting to be considered for.			
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	IDEOC Assignment Information (T-	ha filled and has IDEOC Descripted Translations)			
	IDEOC Assignment Information – (To be filled out by IDEOC Personnel Tracking)				
	EOC ssignment: Assignment	gnment Location:			
Su	pervisor:	Start – End Date:			
Ва	ackground Check:	Shift Hours:			
	Yes □No Age	ncy Representing:			